

# Nichiren Sect Mission of Hawaii

33 Pulelehua Way  
Honolulu, HI 96817  
Phone: (808) 595-3517  
E-mail: nichiren@hawaiiintel.net

Dear Members

The membership dues for the Nichiren Sect Mission of Hawaii this year is \$12.00 per month or \$144 per year. Please mail or bring your check to the temple. Your membership dues serve as an important fund to provide services and activities as well as to maintain and upkeep the temple.

Gassho,

Nichiren Sect Mission of Hawaii

メンバー各位

ハワイ日蓮宗別院の本年度会費は1ヶ月12ドル、年間144ドルです。お寺までチェックを郵送かご持参下さい。皆様の会費は、別院の維持管理並びに活動費として使用させていただきます。宜しくお願いします。

合掌

ハワイ日蓮宗別院

tear off

DONATION & MEMBERSHIP PAYMENT PRIVACY PREFERENCE:  (Default) Always publicized unless specifically annotated to be anonymous  
 Never publicized unless specifically annotated to be publicized

MEMBERSHIP DUES	
Name (Mine) :	
Name (Spouse) :	
Address :	
Email (Mine) :	
Email (Spouse) :	
Phone (Mine) :	
Phone (Spouse) :	
<input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023	
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
Total \$ _____	

Membership Dues

\$ 12.00 per month or  
\$144.00 per year

Write a check payable to:

**Nichiren Mission**

Please clip the form and enclose it together with your remittance.

Send them to:

ATTN: Membership  
Nichiren Mission  
33 Pulelehua Way  
Honolulu, HI 96817

Mahalo!



# Nichiren Sect Mission of Hawaii Membership Info Update Form

Please complete so we have your most current information to accurately acknowledge membership, contributions, distribute newsletters and correspondence, and follow-up with inquiry responses

**MYSELF**

**SPOUSE**

**Name :** \_\_\_\_\_

**Name :** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Postal Address :** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone :** \_\_\_\_\_

**Cel Phone:** \_\_\_\_\_

**Newsletter Delivery Preference** :  Postal  Email  Both **PRIVACY NOTICE** : NMH uses your information to contact you about the scheduling of services and for coordinating activities in which you are interested. Your information is not shared without your consent.

**Cel Phone :** \_\_\_\_\_

**Occupation / Trade :** \_\_\_\_\_

**Occupation / Trade :** \_\_\_\_\_

**Employer (or Retired) :** \_\_\_\_\_

**Employer (or Retired) :** \_\_\_\_\_

**My Children's Names :** \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact :**

Name	Relationship	Phone	Email
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Please share awareness of your **ancestors'** past connection to our Nichiren Sect Mission of Hawaii (NMH) congregation by listing the names of your parents, grandparents, great-grandparents, & other relations, **who are/were members of our temple.**

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

*I put my faith in the Buddha (Eternal Buddha), the Dharma (Lotus Sutra), and the Sangha (Nichiren Shonin), and will do my best to support the purpose and objectives of the Nichiren Sect Mission of Hawaii.*

\_\_\_\_\_  
Signature (or Initials)

\_\_\_\_\_  
Date month / day / year

**Office Use:**

Nichiren Sect Mission of Hawaii, 33 Pulelehua Way, Honolulu, HI 96817

New Application

**Phone :** (808) 595-3517

**Email :** nichiren@hawaiiantel.net

11/15/20